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CONFIRMATION NO. 3508

Bib Data Sheet

SERIAL NUMBER 09/965,890	FILING DATE 10/01/2001 RULE	CLASS 600	GROUP ART UNIT 3737	ATTORNEY DOCKET NO. Q63866
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APPLICANTS

Akira Yamaguchi, Kanagawa, JAPAN;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

JAPAN 2000-299171 09/29/2000

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/31/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY JAPAN	SHEETS DRAWING 3	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

SUGHRUE, MION, ZINN, MACPEAK & SEAS
 2100 Pennsylvania Avenue, N.W.
 Washington ,DC 20037

TITLE

Medical image display system

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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BIBDATASHEET

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CONFIRMATION NO. 3508

SERIAL NUMBER 09/965,890	FILING DATE 10/01/2001 RULE	CLASS 345	GROUP ART UNIT 2674	ATTORNEY DOCKET NO. Q63866	
APPLICANTS Akira Yamaguchi, Kanagawa, JAPAN; ** CONTINUING DATA <i>N/A KN</i>					
** FOREIGN APPLICATIONS <i>YES KN</i> JAPAN 2000-299171 09/29/2000					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/31/2001					
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Yvonne J. Fugate</i> Initials	STATE OR COUNTRY JAPAN	SHEETS DRAWING 3	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 1
ADDRESS SUGHRUE, MION, ZINN, MACPEAK & SEAS 2100 Pennsylvania Avenue, N.W. Washington , DC 20037					
TITLE Medical image display system					
FILING FEE RECEIVED 884	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			